

Client ID: _____
 Therapist: _____

Date: _____
 Appointment: _____

Suicide Cognitions Scale-Short Form (SCS-S)

The following statements are intended to assess your beliefs about your current problems. Please read each statement carefully and circle the number that best describes **how you feel right now**. Remember to rate each item and circle only one number for each item.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. No one can help solve my problems.	1	2	3	4	5
2. I am completely unworthy of love.	1	2	3	4	5
3. Nothing can help solve my problems.	1	2	3	4	5
4. It is impossible to describe how badly I feel.	1	2	3	4	5
5. I can't cope with my problems any longer.	1	2	3	4	5
6. I can't imagine anyone being able to withstand this kind of pain.	1	2	3	4	5
7. There is nothing redeeming about me.	1	2	3	4	5
8. I don't deserve to live another moment.	1	2	3	4	5
9. No one is as loathsome as me.	1	2	3	4	5

Scoring for use by therapist only:

ADD COLUMNS:

+	+	+	+
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TOTAL =